

Inventory of State Resources for Older Adults

This inventory lists many of the services and programs administered for older North Carolinians by agencies within state government, and especially among the divisions and offices of the Department of Health and Human Services (DHHS).

The Department of Health and Human Services

(<http://www.dhhs.state.nc.us>)

Listed below are the divisions and offices within DHHS that provide some service to older adults and their families.

Divisions:

Aging and Adult Services [pages 1-8]
Facility Services [pages 8-9]
Medical Assistance [9-12]
Mental Health, Developmental Disabilities, and Substance Abuse [pages 12-13]
Public Health [pages 13-14]
Services for the Blind [page 14]
Services for the Deaf and Hard of Hearing [page 14]
Social Services [pages 14-15]
Vocational Rehabilitation [page 15]

Offices:

Citizen Services [pages 15-16]
Economic Opportunity [page 16]
Long Term Care & Olmstead [pages 16-17]
Research, Demonstrations, and Rural Health Development [page 17]

DHHS (<http://www.dhhs.state.nc.us/>) advocates for citizens age 60 and older and their families and helps younger generations prepare to enjoy their later years. Its divisions and offices enrich the lives of older North Carolinians by:

- supporting safe and stable living arrangements
- enhancing self-sufficiency
- enhancing quality of life
- safeguarding the rights and interests of older people
- promoting health care for older people
- promoting independent living.

Division of Aging and Adult Services

(<http://www.dhhs.state.nc.us/aging/home.htm>)

Home and Community Services

Working with 17 Area Agencies on Aging (AAAs) and more than 430 public and private local organizations, the Division of Aging and Adult Services supports a wide range of home and community-based services. The division also helps develop and strengthen senior centers as resources for communities all across the state. The array of services and programs offered varies from one county to another based on local need and other factors particular to a county. Described below are the various services that are available under the state's Home and Community Care Block Grant [NCGS 143B-181.1(a)(11).]

Adult Day Care and Adult Day Health Care

provide organized programs of services during the day in community group settings for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Programs must offer a variety of activities designed to meet the individual needs and interests of the participants, including referral to and assistance in using other community resources. In addition, providers of adult day health services, as the name implies, offer health care services to meet the needs of individual participants. These two adult day services are considered to be "core long-term care services." Providers of adult day care must meet North Carolina State Standards for Certification, which are administrative rules (10 NCAC 42E) set by the Social Services Commission and enforced by the Division of Aging and Adult Services. Providers of adult day health care must similarly meet administrative rules set by the Social Services Commission (10 NCAC 42Z) and enforced by the Division of Aging and Adult Services. Routine monitoring of compliance is performed by Adult Day Care Coordinators located at county departments of social services. Centers may be certified to provide adult day care, adult day health care, or both types of care. As of January 1, 2004, there were 55 centers certified to provide both adult day care and adult day health care (down from 59 in February 2002), 57 centers certified to provide only adult day care (same as in February 2002), and 2 centers certified to provide only

adult day health care. A total of 60 counties (three less than in February) had at least one center offering adult day services. In SFY 2002-03, the Division of Aging and Adult Services supported 652 adult day care participants through the HCCBG in 41 counties (as compared to 587 participants in 42 counties in SFY 01-02), and 516 adult day health care participants in 31 counties (up from 446 participants in 28 counties in SFY 01-02.) As of February 2004, there were 55 older adults reportedly waiting for adult day care services under the HCCBG, and 24 waiting for adult day health services.

Another funding source for adult day services is the State Adult Day Care Fund, which is budgeted through the Division of Social Services and administered by the Division of Aging and Adult Services. In SFY 2002-03, 65 county departments of social services spent nearly \$2.8 million from the State Adult Day Care Fund to support 1,053 older and disabled clients of adult day care and 367 clients of adult day health. In SFY 01-02, 1,102 clients received adult day care services and 325 clients received adult day health services, through 69 county DSSs.

Care Management, a "core long-term care service," is a coordinated care function that incorporates case finding, assessment, care planning, negotiation, care plan implementation, monitoring, and advocacy to assist clients and their families with complex needs in obtaining appropriate services. Most counties in North Carolina have at least one agency that can help manage the care of frail older adults living in the community. In SFY 2002-03, 10 counties chose to offer care management using their HCCBG, assisting 266 persons. As of February 2004, 73 older adults were waiting for care management services.

Congregate Nutrition provides a meal (typically lunch) offering one-third of the Recommended Dietary Allowances in a group setting to persons age 60 and older and their spouses. In SFY 2002-03, 27,844 people (down from 28,591 in SFY 01-02) were served an average of 81 meals during the year. Participants contributed a total of \$1,027,078, which helped extend the service to others. As of February 2004, congregate nutrition services had a waiting list of 179 older adults. The Division of Aging and Adult Services is also working with the Department of Public Health and the North Carolina Department of Agriculture to operate the Senior

Farmers' Market Nutrition Program that provided about 3,400 low-income congregate participants with free fruit and vegetables. The program is underway in 20 counties.

Group Respite utilizes professional management and trained volunteers to offer temporary, part-time relief to unpaid, primary caregivers of cognitively or physically impaired older adults and to provide meaningful social and recreational activities for those receiving care. Sometimes called "Caregiver's Day Out," group respite programs must be open a minimum of one day a week for at least 3 hours and the programs may not exceed 4 days a week for 5 hours per day without being certified as an adult day care center. It became a reimbursable service under the state's HCCBG in July 1996, and in SFY 2002-03, 50 people in 8 counties were served along with their family caregivers. Respite is considered to be a "core long-term care service."

Health Screening offers general medical testing, screening, and referral for the purpose of promoting the early detection and prevention of health problems in older adults. In SFY 2002-03, 2 counties used some of their HCCBG to offer health screening. In addition, under Title III-D of the Older Americans Act, \$655,755 was spent for **Health Promotion and Disease Prevention** programs that support a broad array of activities to assist older adults in maintaining and improving their health and wellness. Health promotion and disease prevention programs also help older adults identify health problems or potential problems and offer effective interventions to address these problems. Funding for Title III-D is made available to AAAs who contract with local service providers. At least 23.62% of the health promotion and disease prevention funds must be used for medication management programs. Other common services funded by health promotion and disease prevention funds include health screening, nutrition education, and exercise classes.

Home-Delivered Meals, a "core long-term care service," provides a meal (typically lunch) to homebound older adults, offering one-third of the Recommended Dietary Allowances. In SFY 2002-03, 18,490 people (up from 18,230 in SFY 01-02) were served an average of 152 meals during the year. Participants contributed a total of \$755,822 which helped extend the service to others. Across the state, 1,995 older adults were

waiting for home-delivered meals as of February 2004.

Home Health, a "core long-term care service," is skilled health care prescribed by a physician that is provided in the home of an older adult in need of medical care. Allowable services include skilled nursing; physical, occupational, and/or speech therapy; medical social services; and nutrition care. In SFY 2002-03, only 1 county chose to use some of its HCCBG to offer home health skilled nursing care to 25 older persons.

Housing and Home Improvement, a "core long-term care service," assists older adults with obtaining or retaining adequate housing and basic furnishings. Types of assistance include providing information about available options for housing, and housing with services and how to finance them; helping to improve landlord/tenant relations; identifying substandard housing; securing correction of housing code violations; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions that create a risk to the personal health and safety of older adults. In SFY 2002-03, 39 helped 987 older households through the HCCBG (down from 1,142 in SFY 01-02.) As of February 2004, 650 older adults were waiting for housing and home improvement services under the HCCBG.

Information and Assistance, a "core long-term care service," helps older adults, their families, and others acting on their behalf, in acquiring information about programs and services and accessing them as appropriate. In SFY 2002-03, 40 counties chose to use \$1.7 million in HCCBG funds to offer information and assistance.

In-Home Aide Services, a "core long-term care service," involves the provision of paraprofessional services that assist functionally impaired older adults and/or their families with essential home management and personal care and/or supervision to enable the older adult to remain at home as long as possible. In SFY 2002-03, counties expended \$17.7 million from the HCCBG to provide in-home aide services to 8,022 older persons (up from 7,904 persons in SFY 01-02.) As of February 2004, 2,758 older adults were waiting for in-home aide services under the HCCBG.

Institutional Respite Care temporarily places older adults, who require constant care and/or supervision, out of their homes to provide their unpaid, primary caregiver with relief from caregiving responsibilities. In SFY 2002-03, 3 counties chose to use some of their HCCBG to offer institutional respite care and served a total of 85 older persons (down from 89 in SFY 01-02.) Respite is considered to be a "core long-term care service."

Legal Services provides help to older persons with the greatest economic and social need who are not otherwise eligible for assistance. The Division of Aging and Adult Services, and AAAs, allocate a percentage of the Older Americans Act funds to provide such legal services. During SFY 02-03, 6,400 older persons were served (up from 5,708 in SFY 01-02.)

Mental Health Counseling incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems. In SFY 2001-02, no county chose to use HCCBG monies to offer mental health counseling.

Senior Center Operations and Development supports the operation of multipurpose senior centers as well as acquisition, construction, expansion, renovation, and the purchase of equipment for a multipurpose senior center. The term multipurpose senior center means a community facility for the organization and provision of a broad spectrum of services, which include health, social, nutritional, and educational services and recreation activities. The primary objectives of a multipurpose senior center are to centralize provision of services that address the special needs of older adults; provide opportunities for older adults to become more involved in the community; and prevent loneliness and premature institutionalization by promoting personal independence and wellness. The Division of Aging and Adult Services administers three areas of funding for Senior Centers—state funding for Senior Center Outreach, state funding for Senior Center General Purpose, and Senior Center Operations, under the HCCBG and funded by the Older Americans Act. For SFY 2002-03, \$100,000 was allocated for Senior Center Outreach and \$862,316 for Senior Center General Purpose. This funding goes to 158 centers in 95 counties [5 counties do not have a senior center]. The SFY 02-03 expenditure for Senior Center

Operations, under the HCCBG and funded by the Older Americans Act, was \$2,592,463. Currently the Division has certified 30 centers—22 Senior Centers of Excellence and 8 Senior Centers of Merit—through a voluntary state certification process designed to strengthen and reward quality senior centers.

Senior Companion Program offers a part-time, volunteer opportunity with a stipend for people age 60 or older with low incomes who are interested in community service. Senior companions provide support, task assistance, and/or companionship to adults with exceptional needs (developmental disabilities, functional impairments, or persons who have other special needs for companionship). In SFY 2002-03, 7 counties chose to use some of their HCCBG for the senior companion program, totaling \$117,365 to serve 54 seniors with special needs.

Transportation, a "core long-term care service," provides travel to and/or from community resources such as medical appointments and nutrition sites or other designated areas for older adults needing access to services and activities necessary for daily living. In SFY 2002-03, about \$6.2 million in HCCBG funds were used to provide more than 1.2 million trips for 14,570 older persons (down from 15,284 persons in SFY 01-02 and 16,302 in SFY 00-01.) As of February 2004, 20 older adults were on waiting lists for medical transportation and 68 for general transportation under the HCCBG.

Volunteer Program Development supports development and operation of a systematic program for volunteer participation, involving volunteers of all ages in serving older adults while also providing older adults with opportunities for community service. In SFY 2002-03, 9 counties (up from 6 in SFY 01-02) chose to use some of their HCCBG for development of volunteer programs, totaling \$187,725.

Family Caregiving

The Division of Aging and Adult Services received \$2,916,628 in 2001 to start the Family Caregiver Support Program under the Older Americans Act, as amended in 2000. North Carolina served more than 9,100 caregivers in the first year. For FFY 2002-03, these federal funds increased to \$3,326,460 and the program served nearly 22,000 caregivers. In implementing the Family Caregiver Support

Program, North Carolina has focused on partnering and leveraging the somewhat limited caregiver funds. In working through the state's 17 AAAs, the NC Division of Aging and Adult Services has set several statewide goals for the first three years of the program:

1. There will be an adequate infrastructure at the AAA and State levels to serve as a platform for future enhancement of support for family caregivers.
2. Every region will have an Information & Assistance (I&A) system that meets the recommendations of the Division's Task Force on I&A.
3. Family caregivers in every county will have access to respite care, counseling and training.
4. AAAs and the Division will know the unmet needs of caregivers for purposes of planning and program development.
5. AAAs and the Division will have contributed significantly to helping the State implement recommendations of the N.C. Institute of Medicine Task Force on Long Term Care, including promotion of the availability of core services and the strengthening of local planning for aging and long term care.

The North Carolina Division of Aging and Adult Services envisions a future in which families enter into caregiving with the knowledge and assurance that they can call upon the business, faith, and health and human service communities to assist with information, counseling, problem solving, respite, and formal services when needed. Families are respected as the decision-makers and have access to tools to aid their problem solving. The contribution of family caregiving is acknowledged and supported through enlightened public policies. The role of the family remains strong regardless of the care setting or arrangement.

Elder Rights and Special Initiatives

Protecting and securing the rights and benefits of older adults is central to the work performed by the aging network. Through its elder rights activities, the Division of Aging and Adult Services seeks to help vulnerable older adults to understand their rights, secure benefits, exercise choice, and maintain autonomy and independence. This work is achieved through a variety of programs and services.

The Long-Term Care Ombudsman. North Carolina's Long-Term Care Ombudsman Program consists of state and regional ombudsmen who help residents of long-term care facilities exercise their rights. In addition to being an advocate for residents, they educate the public and facility staff members about rights and help resolve grievances between residents/families and facilities. In 2002, the state and regional ombudsmen handled 3,742 complaints and resolved 76% of them solely without referral to another agency. The Ombudsman Program also provided technical assistance to 16,427 individuals on long-term care issues. The regional ombudsmen, who are located within Area Agencies on Aging, also help support the efforts of Adult Care Home and Nursing Home Community Advisory Committees (NCGS 131E-128 and 131D-3). These local committees, which are composed of volunteers appointed by county commissioners, routinely visit facilities, serve as advocates for residents, help ensure that the intent of the resident's bill of rights is maintained, and work to increase community involvement in nursing homes and adult care homes. There are more than 1,310 such volunteers statewide, with committees in each county.

Elder Abuse, Neglect, and Exploitation Prevention Education. Working with the county departments of social services and other local and state agencies, the Division of Aging and Adult Services and the Area Agencies on Aging provide educational seminars, materials, and technical assistance on the prevention of elder abuse, neglect, and exploitation. Examples of initiatives within the state include the TRIAD Program, the First Responders Program, sensitivity training programs, and missing persons programs.

Legal Resource Center. The Legal Resource Center of the Division of Aging and Adult Services offers a variety of services that include: (1) oversight of the legal assistance provided to older adults across the state through Older Americans Act funding; (2) provision of technical assistance and referral to older adults, professionals and the aging network on legal issues affecting older adults; (3) assembly and development of elder law educational and informational material for distribution to older adults, professionals, and the aging network; (4) provision of education and training across the state on relevant elder law issues; (5) work with

the private bar, the Legal Services Corporation, law schools, and other agencies to improve and address the legal needs of older adults; and (6) serve on policy and program commissions, task forces, and boards to act as a resource and to represent the needs of older adults.

Consumer Fraud Protection. In 1998, the Division of Aging and Adult Services joined with AARP and the Attorney General's Office to establish the NC Senior Consumer Fraud Task Force, with representatives from federal, state, and local law enforcement agencies, aging advocates, the aging network, state and local Better Business Bureaus, and crime prevention agencies. An important goal of the Task Force is to educate consumers about fraud and other deceptive practices that target seniors. The Task Force has worked closely with others to get consumer protection legislation passed such as the NC Predatory Lending Law of 1999.

Volunteer Coordination. The Senior Education Corps is an example of the Division's efforts to establish intergenerational partnerships linking the experience, talent and cultural awareness of senior volunteers with the priority needs of North Carolina schools. Currently, the Senior Education Corps operates in 82 counties. Both seniors and school children benefit from this intergenerational program.

Senior Community Service Employment Program. The Division of Aging and Adult Services administers the Senior Community Service Employment Program (SCSEP) through seven (7) area agencies on aging in 34 counties. National sponsors administer the Program in the remaining 66 counties. Over 2,000 older workers participate in the program (state and national). Funded through Title V of the Older Americans Act, the program places eligible individuals into useful part-time community service programs while helping them transition into unsubsidized employment.

Seniors Plus Program. The Division of Aging and Adult Services offers public benefits training to interested volunteers across the state to provide assistance to seniors who may be eligible for additional sources of income due to their limited resources. As of February 2002, the Seniors Plus Program has over 320 volunteers in 80 counties working to assist older adults.

Medicare Lookout. In 2000, the Division of Aging and Adult Services received a three-year grant from the U.S. Administration on Aging to provide education and outreach to Medicare beneficiaries. This grant was part of an ongoing federal, state, and local initiative called Operation Restore Trust, designed to prevent improper payments in the Medicare and Medicaid programs and to preserve these public health programs for future generations. The Division of Aging and Adult Services administered the project in partnership with AAAs, SHIIP, CARE-LINE, providers, public and private agencies, and consumer groups. In the fall of 2003, the Division began transferring responsibility for Medicare Lookout to the Seniors' Health Insurance Information Program (SHIIP) in the Department of Insurance. SHIIP has secured a new three-year grant to administer this project and the Division is continuing its support as a partner. The Medicare Lookout program uses a dedicated core of volunteers to assist Medicare beneficiaries in understanding the general provisions of Medicare and Medicaid, recognizing and reporting discrepancies in their health care delivery that may be caused by simple error or by fraud, abuse, or waste, and becoming active participants in their own health care delivery.

Advocacy

The Division of Aging and Adult Services supports several bodies that are effective advisors and advocates on aging issues. These include the Governor's Advisory Council on Aging and the North Carolina Senior Tar Heel Legislature.

The **Governor's Advisory Council on Aging** is authorized by state legislation to make recommendations to the Governor and the Secretary of the Department of Health and Human Services for improving human services to older people, including improved coordination among state agencies. The council also studies and recommends how best to promote public understanding of problems affecting older adults and considers the need for new state programs to address these problems. It is comprised of 33 members, with 29 people appointed by the Governor, and 2 each appointed by the President Pro Tempore of the state Senate and the speaker of the state House of Representatives. Among these 33 are 19 at-large members, who are citizens knowledgeable about services supported through the Older Americans Act, and

14 representatives of state agencies or organizations serving older people.

The North Carolina Senior Tar Heel

Legislature was created by the state General Assembly in July 1993 to provide information to older adults on the legislative process and matters being considered by the General Assembly, promote citizen involvement and advocacy about aging issues, and assess the legislative needs of older adults by convening a forum modeled after the General Assembly. Each county has one delegate and many counties also have an alternate delegate to the Senior Tar Heel Legislature. Delegates and alternates must be age 60 or older.

In addition, the Division of Aging and Adult Services is responsible for developing the *North Carolina Aging Services Plan*, which is required by state and federal statutes. See <http://www.dhhs.state.nc.us/aging/plan.htm> for the State Plan.

Adult Services

Working with the 100 County Departments of Social Services, the Division of Aging and Adult Services oversees vital social services programs for older and disabled adults and their families.

Adult Placement Services. All 100 county departments of social services help aging or disabled adults find appropriate living and health care arrangements when their health, safety, and wellbeing can no longer be maintained at home. Placement arrangements are made in adult care homes, nursing homes, and other congregate settings with available services. Adults and their families are counseled to help determine the need for placement, helped to complete medical evaluations and financial applications, and locate and move to new settings. They also may receive counseling to help them adjust to the change. Adult Placement services also include assisting older adults, when requested, to return to more independent settings in the community or to relocate to more appropriate settings when new levels of care are needed. For SFY 2002-03, 888 clients age 60 and older were assisted through Adult Placement services.

Adult Protective Services. North Carolina has been providing protective services to adults through its 100 county departments of social services since 1975. This was one of the nation's first initiatives to recognize the needs of older

and disabled adults who had been abused, neglected, and/or exploited and to develop a protective services program to address their needs. North Carolina's Adult Protective Services statute (NCGS 108A, Sec. 6) provides for services to all adults who are incapacitated by a physical or mental disability. It authorizes the county departments of social services (DSS) to evaluate a disabled adult's need for protective services and to provide or arrange for services when necessary. Services include a thorough assessment of needs, referral to appropriate services, and counseling for the adult and the adult's family. Protective Services are provided with the adult's consent and in the least restrictive and intrusive manner possible. For SFY 2002-03, 5,475 clients age 60 and older were assisted through Adult Protective Services.

Foster Care Services for Adults. Foster care services for adults involve recruiting, developing, and evaluating adult care homes to determine if they meet the needs of residents and to help them improve their service. Adult care homes provide 24-hour supervision and must be licensed by the state in order to operate legally. Adult care homes are not nursing homes, although designated staff can administer medications and provide personal care services (such as assistance with bathing, eating, and dressing). All county departments of social services provide this service.

Guardianship Services. All 100 county departments of social services provide public agent guardians to make legal and living arrangement decisions for adults who have been deemed incompetent to handle their own affairs. Guardianship may be appropriate for adults who are incompetent to manage their affairs and take care of themselves. Public Agent Guardians, such as social services and mental health directors, may be appointed when friends, relatives, or corporations are not available and when it is considered necessary by the Clerk of the Superior Court. The Division of Social Services manages the DHHS public agent guardian program. Training for all public agent guardians, including county departments of social services, area mental health programs, local health departments, and county departments of aging, is provided by the Division of Social Services. The DHHS Blanket Bond Data Base for all incompetent adults with a public agent guardian is also managed by the Division of Social Services. For SFY 2002-03,

1,803 clients age 60 and older were assisted with guardianship services through the DSS system.

At-Risk Case Management Services. County departments of social services assist Medicaid-eligible older adults who are at risk of or show evidence of abuse, neglect, or exploitation in gaining access to needed medical, social, educational, or other services. These case management activities are directed toward preventing abuse, neglect, or exploitation, or preventing further mistreatment when it has already occurred. Included in the service is an evaluation of the situation, assessment of service needs, development of a comprehensive service plan, assisting the client in locating and accessing services, coordinating service delivery, and monitoring service provision to ensure that they are delivered, are adequate, and are consistent with quality care. For SFY 2002-03, 2,089 clients age 60 and older received at-risk case management.

Adult Care Home Case Management Services. County departments of social services provide a case manager to work in partnership with residents, residents' families, significant others, adult care homes, and community service providers to assure that the needs and preferences of heavy care residents living in adult care homes are being met. Case managers have important and diverse roles with these residents, such as responsibility for conducting broad assessments that can identify the need for other health and social services that might benefit residents. Case managers develop service plans and monitor these plans. The service plans outline the primary problems and concerns as identified by residents, residents' families, significant others, adult care homes, and case managers. Service plans identify activities that are intended to address these problems, ultimately improving the quality of care for residents. For SFY 2002-03, 5,267 clients age 60 and older received this service.

Transportation. All 100 county departments of social services provide transportation services to eligible Medicaid recipients for the purpose of accessing medical services, and they offer transportation to other individuals, for other purposes, on an optional basis. County DSSs that elect to provide non-Medicaid transportation offer it as part of a services plan to enable individuals for whom transportation is not otherwise available to have access to medical

and health resources; shopping facilities; education, recreational and employment opportunities; and other community facilities, resources, and social services. For SFY 2002-03, 6,406 clients age 60 and older were provided transportation.

Special Assistance. The division administers the State/County Special Assistance for Adults program that provides a cash supplement to help pay for the care of eligible low-income persons residing in adult care homes. For SFY 2002-03, 18,495 clients age 60 and older were assisted through Special Assistance at a cost of \$87,479,695.

Special Assistance In-Home Program. The Special Assistance (SA) In-Home program provides an option for in-home care for elderly and disabled adults who are at risk of placement in an adult care home but who desire to live in a private living setting. Currently, this option is available in 61 counties. To qualify, the individual must meet the eligibility criteria for Medicaid and meet all other SA eligibility requirements. For SFY 2002-03, 262 clients age 60 and older were assisted through the SA In-Home program at a cost of \$662,033.

Division of Facility Services (<http://facility-services.state.nc.us/>)

The Division of Facility Services (DFS) inspects, certifies, registers and licenses hospitals, nursing homes, adult care homes, mental health facilities, home care programs, and other health facilities. It determines the need for many of these health facilities and services across the state and develops a plan to meet that need. DFS ensures that all patients, including those covered by Medicaid, receive quality care if they reside in a long-term care facility. The Division of Facility Services also maintains the Nurse Aide Registry, as required by state statute.

The State Health Coordinating Council

The Medical Facilities Planning Section of the Division of Facility Services provides staff support to the State Health Coordinating Council, a 27 member body appointed by the Governor. The Council and the division are charged by state law with developing policy, criteria, and standards for health service facilities planning; making a determination of need for health services facilities; and developing an

annual state Medical Facilities Plan. One of the Council's three working committees is focused on long-term care, which includes determining the need for nursing home beds.

Certificate of Need Section

State law requires any person or entity wanting to establish a health care facility, including nursing homes and adult care homes, to first make application for a certificate of need (CON). The Certificate of Need Section within the Division of Facility Services reviews and evaluates the applications in terms of such criteria as need, cost of services, accessibility to services, quality of care, and feasibility.

Health Care Personnel Registry Section

The Health Care Personnel Registry Section provides a registry of all persons who have met the federal and state training and competency requirements to perform Nurse Aide I functions. The Registry Section also maintains a list of unlicensed assistive personnel who have been accused of harming, or been found to have harmed, a resident of a facility.

Licensure and Certification Section

The Licensure and Certification Section is responsible for assuring the health, safety, and well-being of persons receiving services in hospitals, nursing homes, and other facilities and services licensed by the state and certified by the federal government to receive Medicare and Medicaid. Staff members of the section conduct inspections and investigate complaints of health care facilities to track compliance with regulations. The section also provides consultation and training to encourage compliance and improve the quality of care in these facilities.

Construction Section

The Construction Section reviews building plans and specifications for applicants wanting to be licensed or certified by the Division of Facility Services. The section also conducts physical plant inspections and offers training for architects, engineers, and contractors involved in the construction of medical facilities.

Medical Care Commission

The Medical Care Commission, composed of 17 members appointed by the Governor, establishes rules for regulating health care and related facilities, including nursing homes and home care agencies. The Division of Facility Services provides staff support to the Commission.

Acute and Home Care Section

The Acute and Home Care Section is responsible for the oversight of home care agencies, which must be licensed under state law. This includes the investigation of complaints.

Adult Care Licensure Section

The Adult Care Licensure Section is responsible for licensing all adult care homes and mental health facilities in the state. The section coordinates its oversight with adult homes specialists who work at county departments of social services.

Mental Health Licensure & Certification Section

The Mental Health Licensure and Certification Section inspects and licenses psychiatric hospitals and psychiatric units of acute care hospitals, intermediate care facilities for mentally retarded (ICF/MR), and all other mental health group homes and treatment facilities.

Division of Medical Assistance

(<http://www.dhhs.state.nc.us/dma/>)

Mandatory Services

At a minimum, all state Medicaid programs must cover a core of health services. The following mandatory services are provided for Medicaid recipients in North Carolina:

Inpatient Hospital Services. Medicaid covers hospital inpatient services without a limitation on the length of stay. Selected inpatient procedures require pre-admission certification to ensure that the stay is medically necessary and that the procedure is most appropriately performed in an inpatient rather than an outpatient setting. Special restrictions apply to abortions, hysterectomies, and sterilization. As of January 1, 1995, hospital services are paid on the basis of diagnostic-related groupings (DRGs). For SFY

2002-03, \$75,958,520 was paid for inpatient hospital services for Medicaid eligible persons age 60 and older.

Hospital Outpatient Services. Outpatient services are covered subject to Medicaid's annual 24 physician-visit limitation, except for emergency room visits, which have no limits. A \$3.00 per visit co-payment applies except for certain exempt groups and services. Hospital outpatient services are paid to the provider at 80 percent of actual operating costs. For SFY 2002-03, \$62,450,167 was paid for outpatient hospital services for Medicaid eligible persons age 60 and older.)

Other Laboratory and X-ray. Laboratory and X-ray services are covered when ordered by a physician. These services are covered in a variety of settings. Payment for these services is based on a statewide fee schedule.

Nursing Facility. Nursing facility (NF) services are mandatory for recipients aged 21 and older. The state also has chosen a federal option to cover NF services for people under age 21. Patients must be certified by a physician to require nursing facility care and be approved by Medicaid prior to admission. Nursing facility services are paid on a prospective per diem rate. The Omnibus Budget Reconciliation Act (OBRA) of 1987 and later amendments, effective October 1, 1990, established uniform requirements for institutions that formerly were identified as Medicaid skilled nursing facilities (SNFs) and intermediate care facilities (ICFs). Now, all Medicaid SNFs and ICFs are called NFs and must provide both skilled nursing (SN) and intermediate care (IC) service. Reimbursement rates, however, continue to differ based on whether the patient requires skilled or intermediate care. For SFY 2002-03, \$794,438,864 was paid for nursing home care for Medicaid-eligible persons age 60 and older.

Physician Services. Physician services are covered subject to an annual 24-visit limit. Selected surgical procedures require prior approval. A \$3.00 copayment is required for physician services except for certain exempt groups. Payment is made based on the lower of the physician's actual charges or the statewide Medicaid fee schedule amount.

Home Health Services. Medicaid covers visits provided by certified home health agencies for

skilled nursing services, physical therapy, speech-language pathology services, and home health aide services when the service is medically necessary and the patient's home is the most appropriate setting for the care. Under Home Health, Medicaid also pays for medical supplies. Home Health agencies are paid the lower of their customary charges to the general public or a maximum per visit rate established by DMA for each type of service. For SFY 2002-03, \$44,445,222 million was paid for home health services for Medicaid-eligible persons age 60 and older.

Durable Medical Equipment. Durable medical equipment suitable for use in the home is reimbursed via a fee schedule.

Medical Transportation. The federal requirement for coverage of transportation for medical care services is met in three ways:

1. Medically necessary ambulance transportation is a covered benefit.
2. County departments of social services establish a local transportation network that may range from providing bus tokens to using county employees in county-owned vehicles to transport Medicaid recipients. These county transportation costs may be billed as a benefit cost or as an administrative cost, depending on how the service is delivered. Federal and state funds are then used to match the county expenditure.
3. Medicaid-eligible residents of nursing facilities and adult care facilities receive Medicaid-authorized transportation from the facilities in which they reside (other than medically necessary ambulance services). Medicaid makes a per diem payment to the facility on behalf of each Medicaid-eligible resident in order to reimburse the nursing facilities for these transportation costs.

Optional Services

Federal law permits states to cover additional services at their option. The following are optional services that North Carolina Medicaid covers:

Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Services in ICF-MRs are

covered for those who are mentally retarded or who have a related condition. ICF-MR facilities must meet certification requirements relating to provision of habilitation services as well as basic intermediate care services. Intermediate care facilities for the mentally retarded are paid prospective per diem rates. For SFY 2002-03, \$39,798,357 million was paid for ICF-MR for Medicaid-eligible persons age 60 and older.

Personal Care Services. Medicaid Personal Care Services (PCS) cover personal aide services in private residences to perform personal care tasks for patients who, due to a debilitating medical condition, need help with such basic personal activities as bathing, toileting, moving about, and keeping track of vital signs. It may also include housekeeping and home management tasks that are integral, although secondary, to the personal care tasks necessary for maintaining the patient's basic personal health. PCS is provided for the patient according to a physician's authorized plan of care. As of December 2002, a patient in a private residence may receive no more than three and a half hours per day and a total of no more than 60 hours of PCS in a calendar month. The PCS provider is paid the lower of the provider's customary charges for the service or the Medicaid maximum allowable rate. During the 1995 legislative session, coverage of personal care services to persons living in adult care homes was authorized to begin in SFY 1996-97. Along with PCS coverage, a program of independent assessment and case management for heavy care residents of adult care homes was implemented in SFY 1996-97, with the county departments of social services and area mental health programs providing this service. For SFY 2002-03, \$137,328,657 was paid for personal care service in private residences for Medicaid eligible persons age 60 and older. Another \$77,556,578 was paid for personal care in adult care homes.

On November 1, 2003, Medicaid implemented the new Personal Care Services-Plus (PCS-Plus) program. The program is designed to enhance the current Personal Care Services (PCS) program by providing up to 20 additional hours of PCS each month to eligible recipients. After the monthly limit on PCS hours was reduced from 80 hours to 60 hours in December 2002, it became evident that there were many PCS clients that needed more than 60 hours of PCS a month in order to remain at home. To qualify for PCS-Plus, a Medicaid recipient must be eligible for

PCS and meet one of the following three criteria: at a minimum, require extensive assistance in four or more activities of daily living (ADLs); at a minimum, require extensive assistance in three or more ADLs and need the in-home aide to perform at least one task at the Nurse Aide II level; or at a minimum, require extensive assistance in three or more ADLs and have a medical or cognitive impairment that requires extended time to perform needed in-home aide tasks. All requests for PCS-Plus must be prior approved by DMA.

Prescription Drugs. Medicaid covers most prescription drugs as well as insulin for diabetic patients. Drug coverage is limited to six prescriptions per month unless it is shown that additional medication is needed for treatment of a life-threatening illness or disease. In addition, recipients may use only one pharmacist per month except in an emergency. A \$1.00 per prescription co-payment applies, except for certain exempt groups. Payment for drugs is based on the average wholesale price less 10 percent plus either a \$5.60 dispensing fee for generic drugs or a \$4.00 dispensing fee for name brand drugs or the usual and customary charge to the public, whichever is less. For SFY 2002-03, \$461,816,801 was paid for prescription drugs for Medicaid-eligible persons age 60 and older.

Dental Services. Most general dental services are covered, such as exams, cleanings, fillings, X-rays, and dentures. Prior approval is required for some dental services. A per visit co-payment of \$3.00 applies for all recipients, except for the exempt groups. Payment is made on the basis of a statewide fee schedule. For SFY 2002-03, \$9,788,862 was paid for dental services for Medicaid-eligible persons age 60 and older.

Eye Care Services. Medicaid covers medical eye examinations to determine refractive errors and covers corrective lenses, eyeglasses, and other visual aids. Prior approval is required for some optical services, all visual aids, and frequency of visit limitations apply. A \$3.00 copayment applies to physician visits; a \$2.00 copayment applies to optometrist visits; and a \$2.00 copayment is charged for new eyeglasses and eyeglass repairs. Copayments do not apply to certain exempt groups.

Mental Health Services. Patients who have a plan of treatment developed by and on file with an area program center are offered outpatient

mental health services, partial hospitalization, and emergency services through Mental Health, Developmental Disabilities, and Substance Abuse Services. Visits do not count against the annual 24-visit outpatient limit. Area Program centers are paid a negotiated rate, not to exceed costs, for services. Visits to independent psychiatrists and physicians are covered for mental health services, as well. Prior approval is required for outpatient visits after the first two are completed. Visits to a private practice psychiatrist count against the annual 24 visit outpatient limit and a \$3.00 copayment applies, except to the exempt groups. Payment is made on a fee-schedule basis for outpatient visits. Inpatient state and private mental hospital services are covered for recipients over age 64 or under age 21. Payments to psychiatric hospitals are based on each hospital's actual allowable and reasonable costs.

Other Optional Services. A variety of other optional services are provided by North Carolina's Medicaid program. Limited services by chiropractors and podiatrists are covered and paid on the basis of a statewide fee schedule. Other optional services provided by Medicaid include hospice, private duty nursing, ambulance transportation, and case management services to meet the needs of specific groups of people eligible for Medicaid.

Special Community Alternatives Programs

The Division of Medical Assistance operates four programs to provide home and community care as a cost-effective alternative to institutionalization. These community alternatives programs are for Disabled Adults (CAP/DA), for persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD), for children (CAP/C), and for persons with AIDS (CAP/AIDS). They are known as "waiver" programs because standard program requirements are waived to allow the program to operate. These waiver programs provide some services that otherwise are not covered under Medicaid.

Community Alternatives Program for Disabled Adults. The CAP/DA program provides services that allow adults (ages 18 and above) who require care in a nursing facility to remain in the community. By October 1996, all 100 of North Carolina's counties offered CAP/DA. Funding from the Kate B. Reynolds

Charitable Trust through the Duke University Long Term Care Resources Program was instrumental in expanding CAP/DA statewide. For SFY 2002-03, \$146,075,501 was paid for CAP-DA services for 8,406 Medicaid-eligible persons age 60 and older.

Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities. The CAP-MR/DD program provides services to individuals of any age who normally would require care in an intermediate care facility for the mentally retarded. All 100 counties had access to the CAP-MR/DD program. For SFY 2002-03, \$10,026,262 was paid for CAP-MR services for 210 Medicaid eligible persons age 60 and older.

Other Medicaid Benefits Associated with Older People

Since February 1989, North Carolina has operated a program of health care financing assistance to older and disabled Medicare beneficiaries, as mandated by federal law. Depending on a person's income and resources the coverage may include (1) full Medicaid plan benefits, (2) payment of Medicare premiums, coinsurance, and deductibles, (3) payment of Medicare Part B premiums only, or (4) payment of a portion of the Medicare Part B premium. For SFY 2002-03, \$155,911,947 was paid for Medicare Part A and B premiums for Medicaid-eligible persons age 60 and older.

Managed Care and Medicaid

Managed care options for Medicaid recipients are now available in all 100 counties. Options include Carolina ACCESS, ACCESS II, ACCESS III and Risk Contracting with State-licensed health maintenance organizations (HMOs). All managed care options operate under the authority of 1915(b) of the Social Security Act. Eligibility to participate in a managed care plan is mandatory for a majority of Medicaid recipients in North Carolina. Although recipients of Medicaid who are dually eligible for Medicaid and Medicare are optionally enrolled in Carolina ACCESS, they are not enrolled in HMOs. Medicaid recipients who are in long-term care facilities are not enrolled in any managed care plan.

Carolina ACCESS-North Carolina's Patient Access and Coordinated Care Program-continues

to be the cornerstone of managed care development for North Carolina's Medicaid eligible population. Carolina ACCESS, a primary care case management model characterized by a primary care physician gatekeeper, is designed to provide a more efficient and effective health care delivery system for Medicaid recipients. It brings a system of coordinated care to the Medicaid program by linking each eligible recipient with a primary care provider (PCP) who has agreed to provide or arrange for his or her health care services. By improving access to primary care and encouraging a stable doctor-patient relationship, the program helps to promote continuity of care, while reducing inappropriate utilization and controlling costs. ACCESS II and III are programs that build on the Carolina ACCESS program by working with local providers and networks to better manage the Medicaid population with processes that impact both the quality and cost of health care. ACCESS II and ACCESS III, originally created as a health care demonstration project by the N.C. Office of Research, Demonstrations, and Rural Health Development, are currently a joint collaborative effort between DMA and this office. Lastly, DMA contracts with HMOs in selected areas to provide and coordinate medical services for certain Medicaid eligibles on a full risk-capitated basis. In these areas, recipients may choose between a participating HMO and Carolina ACCESS. The State must license all HMOs that contract with DMA.

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

(<http://www.dhhs.state.nc.us/mhddsas/>)

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services offers help and support to North Carolinians and their families suffering from mental illness, struggling with a drug or alcohol addiction, or coping with a developmental disability. The division operates four regional psychiatric hospitals for those who need inpatient psychiatric services, and oversees a network of mental health programs in communities across the state. It operates a special care center for older people with serious medical and mental problems. The division provides residential services at five regional mental retardation centers, which provide a wide range of services

to people with severe and profound mental retardation and other related disabilities. The Black Mountain Center in the Western Region operates a unit for Alzheimer's patients who have entered the combative stage of the disease, and it is being reorganized as a skilled nursing facility for people with cognitive disabilities who are aging. The Division also oversees residential and outpatient treatment at three alcohol and drug abuse treatment centers.

The Division has provided funding for the development of 20 Geriatric Specialty Teams. Each team consists of at least a registered nurse and master level social worker both with expertise working with older individuals with mental illness. The teams will perform activities to increase the capacity for communities to serve these individuals as they are discharged from the State Psychiatric Hospitals. The teams will provide technical support and training to the staff working at nursing homes and adult care homes that will serve the older individuals discharged from the psychiatric hospital.

Through a contract with the Arc/NC, the Division supports the *LIFEGuardianship* program that assists individuals with cognitive disabilities to secure guardians. This program serves a number of older citizens.

Division of Public Health

(<http://www.dhhs.state.nc.us/dph/>)

Older Adult Health Branch

The mission of the Older Adult Health Branch is to protect, promote and preserve the health of North Carolinians through ethical, compassionate and evidence-based public health practice. The goals are to: 1) ensure that communities are healthy places in which to live, 2) extend the span of healthy life, 3) assure access to quality health care services, and 4) eliminate health disparities in given demographics. The OAHB serves as a program resource on health promotion for older adults and "baby boomers"; provides technical assistance and training including conferences and workshops on health promotion and aging; identifies, obtains, develops and disseminates relevant information; and serves as liaison with other state agencies and organizations.

The Older Adult Health Branch's goal is to "improve the health and quality of life of older

North Carolinians." Two major programs are osteoporosis and arthritis. The Osteoporosis Program is dedicated to increasing public awareness in North Carolina on the prevention, diagnosis, and treatment of the disease, in addition to providing support to those already affected by osteoporosis and their families. The program also strives to carry out the recommendations of the North Carolina Osteoporosis Task Force. Bone Health/Body Health (also known as "train the trainer") was developed by the Osteoporosis Program to provide prevention, diagnosis, and treatment information to health professionals and community leaders. In addition, there are active Osteoporosis Support Groups within North Carolina with future plans for creating more groups. A compilation titled, "Our Personal Stories" was written by Osteoporosis Support Group members.

North Carolina's Arthritis Program began in October 1999 in a cooperative agreement with the CDC. The most noteworthy accomplishment has been the development of the *North Carolina Arthritis Action Plan*. The program initiated a coordinated statewide arthritis program that will improve the capacity of all 100 counties, their health departments and community agencies to reduce the burden of arthritis and other rheumatic conditions in our state. An initiative was implemented to train new Arthritis Foundation self-management program leaders. In addition, the program has continued to increase public awareness in North Carolina by providing more educational programs, exhibits, and arthritis communications. The arthritis program has increased services during the past year. For example, two "People with Arthritis Can Exercise" (PACE) training workshops were held and 29 PACE classes were conducted with 387 participants.

The Healthy Aging Program, which was funded in part by a grant to the NC Department of Public Health and Healthy Aging from the Chronic Disease Director's Association, continues to carry out its objectives with very limited resources. This program includes the collaborative efforts of NC Division on Aging, Institute on Aging, School of Medicine (UNC-CH) and Program on Aging (UNC-CH). Project objectives are to 1) foster and expand the collaboration between the state health and state aging agencies to promote effective disease prevention programs, 2) encourage existing and

develop new partnerships with state and local public and private organizations to collaborate on healthy aging initiatives, 3) initiate a healthy aging campaign in the state to increase public awareness of the importance of healthy aging, and 4) provide information and resources to health and aging service providers to promote healthy aging.

The Division of Public Health works to build healthy communities, promote healthful living, and reduce the risk and consequences of disease. Its primary role is to strengthen local health departments and to improve the health of the people. The division monitors public health achievements and performance and provides incentives and assistance to assure that no community falls below minimum standards. Further, the division is responsible for studying, coordinating, and enhancing health efforts involving or serving multiple communities and/or the state as a whole. Through education and public awareness programs, the division promotes public health, advocates physical fitness, improves the health of minorities, and advances good dental health. Through advocacy, education, and early detection, the division fights chronic diseases such as cancer and diabetes. The division itself is a provider of statewide health services not otherwise available. For migrants and refugees, it provides access to essential preventive and primary health care while they reside in North Carolina.

Division of Services for the Blind

(<http://www.dhhs.state.nc.us/dsb/>)

The Division of Services for the Blind (DSB) promotes the prevention of blindness through education and vision screenings. Funding for some eye-related treatment is available to assist people with a very low income and no other financial means for obtaining the required treatment. Additionally, the agency provides the specialized services that assist people who are blind and visually impaired to live independently in their homes and communities and obtain or retain employment if desired. Examples of specialized services include Braille instruction, safe travel skills training, and use of adaptive technology such as speech or large print output for computers. Many low tech and high tech devices are available to assist blind and visually impaired people in the home, school, and work environments. Services are available in all counties to people of all ages. However, the

Agency has a special Independent Living Rehabilitation Program designed to meet the needs of people 55 and older who lose vision.

The DSB Independent Living Older Blind Program offers an array of services that include: counseling and guidance, information and referral, individual and systems advocacy, instruction in adaptive skills for daily living including personal and home management, safe travel, and adaptive aids and technology.

The Independent Living Rehabilitation Program utilizes the expertise of Independent Living Rehabilitation Counselors, Orientation & Mobility Specialists, Contractual Teachers, and Nurse Eye Care Consultants to provide a variety of services that empower individuals to reach their independent living rehabilitation goals. These services can be provided on an itinerant basis within a consumer's home or in small group settings in their communities called "Mini Centers."

The division also administers Special Assistance payments for blind and visually impaired residents of adult care homes. For SFY 2002-03, these SA payments totaled \$29,579 for 58 persons age 60 and older.

Division of Services for the Deaf and the Hard of Hearing

The Division of Services for the Deaf and the Hard of Hearing provides information and assistance to the approximately 705,000 North Carolina residents, 280,000 of whom are 65 years of age or older, who are deaf, hard of hearing, or deaf-blind. The Division provides a broad range of services for people of all ages who have hearing loss, their families, communities and the professionals who serve them. These services include, but are not limited to, advocacy, information and referral, access to and education about technology, Telecommunications Equipment Distribution, Telecommunication Relay Service and community education and outreach.

Division of Social Services

(<http://www.dhhs.state.nc.us/dss/>)

The Division of Social Services, working with County Departments of Social Services, strives

to ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life. Consistent with this objective, the division administers two programs vital to the economic security of low-income seniors. The Food Stamp Program is a federal program that provides a monthly allotment of Food Stamp benefits issued via Electronic Benefit Transfer cards (ATM cards). The Food Stamp Program is an entitlement program, so all eligible individuals and households can receive assistance. In SFY 2002-03, 69,810 persons age 60 and older received Food Stamps, totaling \$43,304,460 in benefits.

The Low-Income Energy Assistance Program (LIEAP) provides for a one-time cash payment to help eligible families pay their heating bills. This payment is usually received in February of each year. In SFY 2002-03, 44,997 persons age 60 and older received Energy Assistance, with payments totaling \$2,919,238.

Division of Vocational Rehabilitation

(<http://dvr.dhhs.state.nc.us/>)

The NC Division of Vocational Rehabilitation Services has responsibility for two major service efforts—Vocational Rehabilitation (VR) and Independent Living (IL), which is now in the Community Services Section—with the goals of promoting employment and independence for persons with disabilities through customer partnerships and community leadership.

In SFY 2002-03, the Division's Vocational Rehabilitation Program assisted 1,341 individuals with disabilities, who were age 60 and older, with services totaling \$1,162,430, and its Independent Living Services Program assisted 2,929 such individuals with services totaling \$3,009,271.

For persons with physical or mental disabilities, VR focuses on training and work-related services to help overcome obstacles that prevent them from getting or keeping a job. VR services are provided by an outreach effort through 32 VR unit offices statewide, 2 VR facilities and numerous satellite locations to bring services to the people of North Carolina.

Independent Living Services are focused on offering a viable alternative to institutionalization—independent living in the home and community, and, when possible,

continuing independence through transition to the VR Services Unit Offices. The outreach of IL is through 16 IL Unit Offices statewide—in strategic collocations to VR service offices. Both service efforts often utilize community partners and resource coordination in jointly developed service plans to assist consumers in achieving their goals—whether primarily work goals through VR, or independent living goals through IL, where a work goal is not required.

Included among services are job training and seeking skills, job placement, supported employment, and job and work-site modifications through VR. Both VR and IL can facilitate such services as vehicle and home modifications, adaptive aides, and rehabilitation engineering for the respective goals of consumers.

One of the most needed and included services in IL plans developed with consumers is housing that is accessible and affordable. Making the transition to or within the community to independence often involves such services as: assistance with securing such housing, including modifications to existing housing if needed; searching for house/apartment rental units; consumer assistance with applications for Section 8 vouchers; utility deposits; purchase of basic consumer needed furniture; and assistive technology such as environmental control systems and communication devices. For participation in community activities, the resource of accessible transportation, and IL therapeutic leisure planning may be important to many consumers. If needed, ongoing IL reimbursed consumer managed personal assistance may be pursued to maintain independence, although increased freedom through other services may diminish assistance needs.

The State Division networks with State and local level partners, and provides overall direction and program practice and oversight, resource support and consultation for offices and clients assisted.

Office of Citizen Services

(<http://www.dhhs.state.nc.us/ocs/>)

The Office of Citizen Services guides citizens through the human services delivery system. The mission is accomplished through two programs, the Ombudsman Program and the CARE-LINE/Information and Referral Service. The

CARE-LINE information and referral specialists provide information and referral on human services in government and nonprofit agencies. Information is taken from a database of over 11,000 agencies. Through the Ombudsman Program, inquiries and complaints regarding the Department of Health and Human Services are handled. The ombudsman serves as the liaison between citizens and the department. Both programs may also be accessed by calling (919) 733-4261, or toll-free 1-800-662-7030 (voice/Spanish.) The office is equipped with a dedicated TTY phone number, (919) 733-4851, or toll-free 1-877-452-2514. On average, the office handles over 80,000 inquiries a year. The office takes pride in serving as a "one-stop shopping service" for the human services needs of all citizens.

Office of Economic Opportunity

(<http://www.dhhs.state.nc.us/oeo/>)

The Office of Economic Opportunity (OEO) channels funds primarily to community-based, private nonprofit agencies for activities under the Community Services Block Grant Program, the Emergency Shelter Grants Program and the Weatherization Assistance Program. The federally funded Community Services Block Grant Program enables local communities to address the causes and conditions of poverty. They help people become self-sufficient, gain employment, and find long-term housing. The Emergency Shelter Grants Program helps communities serve homeless individuals and families. Reduction in residential energy consumption and costs is the focus of the Weatherization Assistance Program. The state's 36 Community Action Agencies and the other private, nonprofit agencies that receive grants through OEO, generate, on average, \$10 for every \$1 provided by the Office of Economic Opportunity.

Office of Long Term Care and Olmstead

Within the Office of the DHHS Secretary is the Office of Long Term Care and Olmstead, headed by the Assistant Secretary for Long Term Care and Family Services. The Secretary established the Office of Long Term Care and Olmstead, as recommended in the 2001 report of the Institute of Medicine Task Force on Long Term Care, to

assure that the department's efforts to reform long term care (LTC) are well coordinated. Through reorganization of existing positions and the procurement of federal grants, the Office has developed a core group of professionals to lead inter-divisional activities in such areas as housing, human services transportation, consumer-directed care, and direct care workforce development.

With eight divisions sharing responsibilities for various aspects of the regulation, development, and funding of long term care services for older and younger disabled adults, the Secretary also established a Long-Term Care Cabinet, composed of the directors of these divisions and chaired by the Assistant Secretary for Long Term Care and Family Services. The Cabinet provides a vehicle for inter-divisional LTC planning, leadership, policy and data analysis, research and evaluation, development and coordination of services training, and public communication. In addition, the Office and Cabinet coordinate North Carolina's efforts towards Olmstead planning. In the 1999 case of *Olmstead v. LC*, the U.S. Supreme Court decided that states must have adequate home and community-based services for patients with mental illnesses and disabilities so that, when considered appropriate by a physician and desired by the patient, the patient can be treated outside of an institution. Many of the issues in the *Olmstead* decision are closely related to LTC reform.

In spite of the state budget crisis, the Office of Long Term Care and Olmstead has moved forward to implement many of the IOM's recommendations. Key to this progress was the Office's ability to secure a federal Real Choice grant from the Centers for Medicare and Medicaid Services (CMS). With a total of \$1.6 million for three years, the Office is using the funds to address direct care workforce issues affecting home and community-based long-term care. Under the grant, CMS authorized the Office to: (1) review state and federal policies governing home and community-based services to identify policies that contribute to an institutional care bias; (2) develop a career ladder to support initial and professional development opportunities for direct care staff in home and community settings; (3) use public education and awareness efforts to promote recruitment and retention of direct care workers; (4) collect and analyze data relevant to workforce issues; and (5) develop a quality improvement system for direct care workers. In addition, the Real Choice

grant is helping the Office and Cabinet examine options for consumer-directed care.

The Office and Cabinet have also addressed recommendations in the Institute of Medicine's Long Term Care Plan through the use of inter-divisional work teams. These teams are addressing the broad issues of service availability and need, financing, entry into the LTC system, workforce, and quality, as well as undertaking specific projects. For example, groups have worked to simplify the financial eligibility process for the Adult Medicaid and Special Assistance for Adults programs and determine the feasibility of sliding scale fees for services. Another team developed a web site to provide individuals, families, providers and other visitors with access to information about the department's work in support of long term care (<http://www.dhhs.state.nc.us/ltc/>). This site includes progress reports on the work of the Office and Cabinet.

Office of Research, Demonstrations, and Rural Health Development

The Office of Research, Demonstrations, and Rural Health Development administers the Senior Care prescription drug assistance program for persons over the age of 65 who have incomes less than 200% of the federal poverty level. This program, which began in the fall of 2002, pays for 60% of the first \$1000 (up to \$600 per year) of prescription costs for the treatment of heart disease, diabetes, and chronic lung disease.

As part of Senior Care, the Office also coordinates a medication management program in 24 centers around the state. Each center provides free medication evaluations done by pharmacists for Senior Care eligibles in each of their respective locales. In addition, the centers assist seniors in applying for prescription assistance programs sponsored by drug manufacturers.

Additionally, the Office of Research, Demonstrations, and Rural Health Development provides technical assistance to small hospitals and community health centers in rural and medically underserved communities. The Office recruits health care providers to work in these rural and medically underserved communities and provides grants for community health centers.

The Department of Administration

(<http://www.doa.state.nc.us/>)

Commission of Indian Affairs

The Commission of Indian Affairs administers the Community Services Program that provides in-home aide services and/or volunteer transportation for older and disabled people in Bladen, Columbus, Halifax, Warren, Cumberland, Sampson, and Harnett counties. The program also provides oversight to a meal program for older and physically challenged Indian senior citizens residing in Sampson County. In FY 1999-2000, the Commission served 6,400 meals and administered over \$33,000 in heating and cooling assistance. For the last ten years, the Community Services Program director has coordinated an annual North Carolina Indian Senior Citizens Conference, sponsored by the North Carolina Indian Senior Citizens Coalition.

Council for Women

The North Carolina Council for Women is the official state advocacy agency for women. Its mission is to advise the Governor, the legislature, and the principal state departments on the special needs of women in North Carolina. It also develops and administers programs of special relevance to women. Two such programs of particular value to older women are the Displaced Homemakers Program, which helps women returning to the work force after many years of unpaid employment, and the Domestic Violence Program.

Division of Veterans Affairs

The Division of Veterans Affairs assists veterans and their families in the presentation, processing, proof, and establishment of claims, privileges, rights and benefits as they may be entitled to under federal, state, or local laws. The division also cooperates with the various governmental units and veterans' organizations in seeking to serve veterans. Its work is meant to supplement and augment the efforts of others. As an example of this, the division constructed the state's first nursing facility for veterans with support from the NC General Assembly and the US

Department of Veterans Affairs. This 150-bed state veterans home, located in Fayetteville near the VA Medical Center, started admitting residents in 1999.

The Department of Commerce

(<http://www.nccommerce.com/>)

Employment Security Commission

The Employment Security Commission helps more than 4,500 older workers find jobs each year. Each local office has an older worker specialist who acts as a resource for persons age 55 and older.

The Department of Community Colleges

(<http://www.ncccs.cc.nc.us/>)

Human Services Technologies Programs

The NC Community College System offers through its Human Services Technologies programs specialized training courses relevant to professional and paraprofessional personnel working with older and disabled adults. The Human Services Technology curriculum prepares students for entry-level positions in institutions and agencies that provide social, community, and educational services. Along with core courses, students take courses to prepare them for such specializations as work with adults with physical, mental, and emotional disabilities; direct service delivery work with older adults and their families; work in the mental health field; direct service delivery work in social services agencies; and work in substance abuse counseling.

North Carolina Literacy Resource Center

The North Carolina Literacy Resource Center (NCLRC) fosters networking among organizations concerned with basic skills and education for adults, assists North Carolina's literacy community in providing quality services to adults in the state, and serves as a link between the National Institute for Literacy and North Carolina's literacy community. Two of the center's initiatives include participation in Equipped for the Future, the National Institute

for Literacy's system reform initiative, and the encouragement of local basic skills/literacy programs to access the Internet, establish WWW home pages, and use Internet-based resources in designing lessons. Literacy and basic skills development are both areas of concern for a number of seniors.

The Department of Correction

(<http://www.doc.state.nc.us/>)

About 43 percent of the state's prison population as of February 2002 were persons of boomer age or older. One result of the aging of the prison population is the increasing demand for health care. An example of the Department of Correction's response is the 54-bed health ward for male inmates with special needs at the Randolph Correctional Center. The Randolph Correctional Center has a unique population. The prison has some inmates who are in wheelchairs, some who have cancer, and others who have multiple heart problems. The prison psychologists started an anger-stress management program for geriatric inmates 65 years and older, many of whom are veterans who were heavy alcohol or substance abusers. A large number of the older inmates are in prison on their first offense. Many have no family, or their children may be aging and unable to visit because of medical problems of their own. Especially because of the needs of its prison population, this center values community volunteers.

The Department of Insurance

(<http://www.ncdoi.com/>)

Seniors' Health Insurance Information Program

(<http://www.ncshiip.com>)

The Seniors' Health Insurance Information Program, known as SHIIP, was established in 1986 by North Carolina Insurance Commissioner Jim Long in response to an increased number of calls, letters, and complaints from older North Carolinians confused by their health insurance options. SHIIP's primary objective is to educate the public on seniors' health insurance, concentrating on Medicare, Medicare supplements, and long-term care insurance. SHIIP achieves this by training volunteer counselors in all 100 counties, by operating a

toll-free hotline from the state SHIIP office (1-800-443-9354), and by developing educational materials for use by consumers.

Since its creation, SHIIP has trained about 8,000 volunteers who undergo an extensive 24-hour training course to serve as SHIIP counselors. From January 1999 to September 2002, SHIIP staff trained 649 volunteers in the basic curriculum and certified 163 volunteers as long-term care insurance specialists. Currently there are almost 900 active SHIIP volunteer counselors and 119 volunteer county coordinators covering all 100 counties in the state. Between January 1999 to September 2002, the SHIIP toll-free counseling service answered 109,221 calls, averaging 3,100 per month. In addition, SHIIP counselors spent 14,996 hours in 16,590 counseling sessions. To promote SHIIP's services to the public, 298,606 direct mailers were sent to individuals turning 65 years of age.

SHIIP creates a number of consumer publications on a yearly basis, including the Medicare Supplement Comparison Guide and the Guide to Long-Term Care Insurance in North Carolina. It serves as a clearinghouse for many publications of the Centers for Medicare & Medicaid Services. It has served as the state's primary resource for educating Medicare beneficiaries about Medicare+Choice and the other recent Medicare changes. In 2001, SHIIP added to its web site an interactive Medicare Supplement insurance premium database that provides consumers with up-to-date information about Medicare supplement policy choices, premium costs, rate history, and coverage. Also in 2001, SHIIP began development of a statewide partnership with the public library system that resulted in placing the *SHIIP Resource Guide* in a library in each county seat. In 2002, SHIIP produced with the Division of Aging and Adult Services, and AARP, a brochure on long-term care, *It's about You, Your Children, and Your Parents: Planning Today for Tomorrow*.

SHIIP is coordinated in each county through an existing human service agency such as a Council on Aging office, a Senior Center, or a Cooperative Extension office. These agencies serve as sponsors that provide important continuity, an available point of access, and model interagency cooperation.

Continuing Care Facilities

Continuing care facilities, also known as CCRCs, provide a living alternative for retirement-aged people. The Continuing Care Facilities Section provides the financial oversight and licensing of continuing care facilities as well as additional safeguards for facility residents and prospective residents. This authority applies only to facilities that furnish lodging or independent living together with health-related services under a contract for the life of the individual or for a period in excess of one year. Current laws provide for facility disclosure of all material facts and financial data; departmental authority to intervene in the event of insolvency or the imminent danger of financial impairment; departmental authority to audit the books and records of facilities; and the establishment of a nine-member advisory committee to advise the Insurance Commissioner.

The Department of Transportation

(<http://www.ncdot.org/>)

The Department of Transportation administers the Elderly and Disabled Transportation Assistance Program (EDTAP), which amounted to \$5.5 million in 2002. It covers all 100 counties.

Public Transportation Division Public transportation in North Carolina operates in many settings, from bus routes in large metropolitan areas to 14-passenger vans in small towns and rural communities. The NCDOT Public Transportation Division administers federal and state funds to support local planning for coordinated transportation systems. In FY 2002-2003, there are 84 coordinated transportation systems (including six regional systems) that serve the general public and/or human service agencies. One transportation program that provide important assistance to older adults without access to a vehicle is the Elderly and Disabled Transportation Assistance Program (EDTAP). In FY 2001, 1,256,387 one-way rides were provided in 99 counties to older adults and younger adults with disabilities through the state EDTAP fund (\$5.5 million authorized.)

Unlike urban areas with population density more suitable for mass transit, the state's rural

communities face the challenge of transporting fewer people over large geographic areas. Through NCDOT's Rural General Public Program, transportation services in rural areas include demand-response, dial-a-ride programs or deviated fixed route services with designated stops. Beneficiaries of these services include many older adults living in outlying areas who are transported to stores and other destinations in town. In FY 2001, rural general public services provided 315,031 one-way rides to citizens in rural communities.

Division of Motor Vehicles

In North Carolina, people must demonstrate that they can drive safely in order to get a driver's license or have on renewed. The NCDOT Division of Motor Vehicles has the authority to require written tests, oral tests, road tests, vision tests, or medical examinations to assess a driver's ability and may impose restrictions on a license. A driver may be asked to have their personal physician provide information on their medical condition for review by state medical professionals. DMV's Driver Medical Evaluation Program provides for written appeals of licensure restrictions or denials. According to a study conducted in 2000 by the NC Highway Safety Research Center, only 2.1 percent of licensed drivers age 65 and older in North Carolina had a license restriction other than corrective lenses.

The Office of the Governor

Office of Citizen Affairs: NC Commission on National and Community Service

*North Carolina Americorps/Vista
(Volunteers in Service to America)*
(<http://www.volunteernc.org>)

This is a full-time, yearlong volunteer program for men and women 17 years of age and older from all backgrounds who commit themselves to increasing the capacity of people with low income to improve the conditions of their own lives. Volunteers are assigned to local sponsors who may be state or local public agencies or private nonprofit organizations. Volunteers may serve in their home, community, or in other parts of the country. Americorps/Vista pays travel expenses and provides some relocation

assistance for volunteers who serve outside of their local community.

North Carolina Housing Finance Agency

(<http://www.nchfa.com/>)

The North Carolina Housing Finance Agency operates a variety of programs to finance home ownership for first-time homebuyers with low or moderate incomes, provide affordable rental housing for low- and moderate-income renters, and rehabilitate substandard owner-occupied and rental housing. Funding for agency programs and operations comes from program fees, earnings from tax-exempt bond sales, federal funds, and the North Carolina Housing Trust Fund.

Corporation for National and Community Service (NC State Program Office)

Retired and Senior Volunteer Program (RSVP)

Every community in North Carolina faces the continuing challenge of providing necessary services with limited resources. Every community also has a growing number of retirees who want to remain active and useful. RSVP, as part of the Corporation for National and Community Service, helps people age 55 years of age and older find service opportunities in their home communities.

RSVP has 17 projects serving 29 counties in North Carolina and could expand to many more if funding were available. The cost of operations is minimal in proportion to the number of persons giving their time and administering care. RSVP has minimal paid staff and provides the following benefits to its volunteers: insurance, meal reimbursement, mileage reimbursement, and recognition. There is no per diem or wage paid to participant volunteers.

Senior Companion Program

The Senior Companion Program is a service initiative through which people age 60 and older provide assistance and friendship to older individuals who are homebound and, generally live alone. Senior Companions receive a modest hourly stipend for their service. They usually serve two to four clients through 20 hours of

weekly service. There are six projects in North Carolina.

Foster Grandparent Program

The Foster Grandparent Program (FGP) offers seniors age 60 and older opportunities to serve as mentors, tutors, and caregivers for children and youth with special needs. They provide 20 hours of weekly service to community organizations such as schools, hospitals, and youth centers.

North Carolina Senior Games

(<http://www.ncseniorgames.org/>)

North Carolina Senior Games is a statewide, year-round health promotion and education program for individuals age 55 and older. This wellness and prevention program focuses on keeping seniors healthy and independent and involved in personal fitness. There are 52 regional Senior Games that serve the entire state. In 2001, 45,419 older adults participated in local Senior Games events. State Final's competition is held annually. In addition to the games, the organization offers SilverArts-a literary, heritage, visual, and performing arts program; Silver liners-a senior line-dancing association; SilverStriders-a national award-winning walking program; statewide workshops; leadership training for professionals; educational material such as exercise posters; and health information. North Carolina Senior Games is supported by the State, two corporate sponsors, and many coordinating and endorsing agencies such as the Division of Aging and Adult Services, Health Services, Parks and Recreation, AARP, and the medical profession.

Attorney General's Office

(<http://www.jus.state.nc.us/>)

Consumer Protection Section

The Consumer Protection Section protects the public from fraud, deception, price fixing, price gouging, restraint of trade, and other unfair and deceptive trade practices. This section also represents the using and consuming public in matters before the North Carolina Utilities Commission.

Citizens' Rights Section

The Citizens' Rights Section provides services to state and local agencies on particular legal issues

facing the citizens of North Carolina, including victims' rights, child abuse, elder abuse, hate crimes, domestic violence and family matters, open meetings and public records law, as well as certain environmental concerns.

Representatives from the Attorney General's Office, along with representatives from the Division of Aging and Adult Services, and AARP, are co-chairing the North Carolina Senior Consumer Fraud Task Force.

North Carolina Higher Education Resources Related to Aging

North Carolina's colleges and universities have distinguished themselves in the field of aging through their research, interdisciplinary professional and postgraduate programs, undergraduate degree programs, community-oriented service and technical assistance activities, and their clinical programs in medicine, dentistry, pharmacy, and nursing. Institutions of higher education in our state are also offering continuing education programs for older people and for those who work with persons in this age group. Some of these institutions have opened their doors to provide special programs offering access to resources and lifelong learning opportunities for older adults in our state.

North Carolina Cooperative Extension Service

(<http://www.ces.ncsu>)

The North Carolina Cooperative Extension Service is an educational organization supported by federal, state, and county funds. It serves 100 North Carolina counties and the Cherokee Reservation. Extension agents, serving as field faculty of land grant universities, deliver research-based informal educational programs addressing the priority concerns selected by each county's advisory system. Extension Specialists at North Carolina State University and North Carolina A & T University develop educational materials as well as train and support the county agents. At present the Extension Service offers a wide range of educational programs and resources on aging issues. One statewide program called *Aging with Gusto!* is designed to give adults research-based information to help

them plan for and get the most out of their later years. Specific programs are available on such topics as caregiving, developing positive attitudes, home modification, retirement planning, estate planning, and nutrition and wellness in later life.

Area Health Education Centers Program (AHEC)

(<http://www.med.unc.edu/ahec/>)

The AHEC program seeks to improve the supply, distribution, and quality of health care professionals in North Carolina through its ten regional centers. AHEC works with the state's four university medical centers to sponsor a wide range of educational activities related to health manpower development, including community training for health science students, medical residency training programs in primary care, continuing education, and information services. AHEC was created in 1972 by the School of Medicine at UNC-CH and funded with a federal grant. In 1974, the General Assembly expanded the AHEC program and took over its funding. Today the program is funded about equally from state and local sources and is administered by the Dean of the UNC-CH School of Medicine. Program activities fall into three broad categories: community-based and medical residents; health professions continuing education; and information services for health care agencies and professionals.

AHEC activities are focused on the supply, distribution, and education of health care

professionals. The nine regional centers work within their regions to assess the education and training needs of the health professionals and agencies serving older adults, including long-term care facilities. They then develop educational programming to meet those needs.

UNC Institute on Aging

(<http://www.aging.unc.edu/>)

The UNC Institute on Aging (IOA) was created by the NC General Assembly in August 1996. The IOA works to enhance the well-being of older North Carolinians through statewide collaboration in research, education, and public service. In addition, the IOA works through its statewide linkages to promote collaborative, applied and basic gerontological research, develop innovative programs of interdisciplinary education and practice, and provide state-of-the-art information to policy makers, program managers, service providers, clinicians, and the general public.

Examples of IOA activities include providing pre- and post-doctoral training on aging issues, conducting research projects on pertinent aging issues (such as workforce development and older workers' retirement), coordinating the annual North Carolina Conference on Aging, hosting a Distinguished Lecture series on aging, administering a central source of aging information, and sponsoring the UNC Senior Leadership Initiative.